

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

Serial No.
091868354

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					/	
2					/	
3					/	
4					/	
5					/	
6					/	
7					/	
8					/	
9					/	
10					/	
11					/	
12					/	
13					/	
14					/	
15					/	
16					/	
17					/	
18					/	
19					/	
20					/	
21					/	
22					/	
23					/	
24					/	
25					/	
26					/	
27					/	
28					/	
29					/	
30					/	
31					/	
32					/	
33					/	
34					/	
35					/	
36					/	
37					/	
38					/	
39					/	
40					/	
41					/	
42					/	
43					/	
44					/	
45					/	
46					/	
47					/	
48					/	
49					/	
50					/	
TOTAL					/	
TOTAL IND.			13		18	
TOTAL DEP.						
TOTAL CLAIMS	2		14		19	

PTO-1246 (5-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. GOVERNMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLMS	2				